Name in Full

Certificate of Death

Thomas J. Marion Arringdale

Died at (a) Town Easton (b) County Talbot MARYLAND

Date 189 9 Month May Day 31 | Age Y. 36 M. 5 D. 29 | Native of Maryland | Occupation Merchant

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living none

Husband ~~Wife~~ of Sarah R. Arringdale

Father's Name William H. Arringdale

Mother's Name Susan Slaughter

Cause of Death: Primary Consumption 22a — How long sick 6 months

Immediate Heart failure

~~Accident, Suicide, Homicide~~

Reported by Joseph L Gadsden M.D.

Address Easton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55128

Name in Full Annie Cecilia Brittingham

Certificate of Death

Died at Town Easton County Talbot MARYLAND

Date 189 9 Month 5 Day 27 Age Y. 42 M. – D. – Native of Va Occupation Hamp

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ Wife of Geo. E. Brittingham

Father's Name Geo Williams Mother's Name — Williams

Cause of Death Primary Mitral Insufficiency 57 How long sick 2 days.

Immediate Cardiac Asthenia ~~Accident, Suicide, Homicide~~

Reported by Thos. A Connorcall M.D.

Address Easton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Nina S. Burns

Died at Town St. Michaels County Talbot MARYLAND

Date 1899 Month May Day 18 Age Y. 17 M. D. Native of Maryland Occupation Housekeeper

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of 78

Wife

Father's Name James Burns Mother's Name Olivia Harrison

Cause of Death

Primary Acute inflamation + abcess Sub Lingual + other glands

How long sick 5

Immediate Syncope of heart

Accident, Suicide, Homicide

Reported by L. A. Dodson

Address St. Michaels Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

SAINT MICHAEL'S
9 AM
1899
MD

Dr. Thos. Councell
Easton
Md.

Name in Full Thomas Cornish Cornish Certificate of Death

Died at Town Easton County Talbot MARYLAND

Date 1899 Month 5 Day 5 Age Y. 1 M. 9 D. Native of Easton Occupation child

Male ~~White~~ ~~Married~~ Widow ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Solomon Cornish Mother's Name Mag. Cornish

Cause of Death Primary Tuberculosis 22a How long sick 6 mos

Immediate Inf. Bowels ~~Accident, Suicide, Homicide~~

Reported by J. B. Merritt

Address Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Frances Almon Cottman

Died at Town St Michaels County Talbot MARYLAND

Date 1899 Month May Day 14½ Age Y. 3 M. 8 D. 4 Native of St Michaels Occupation none

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Thomas H Cottman Mother's Name Henrietta

Cause of Death Primary Pneumonia 72 How long sick 2 month

Immediate 7 + not failure Accident, Suicide, Homicide

Reported by

Address Dr J. C. Davis St Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. _____

of _____

Attended by Dr. _____

of _____

CHARLES E. WILLEY,

[illegible],

St. Michaels, Md.

Name in Full Mary E. Cornish Certificate of Death

Died at Town Easton County Talbot MARYLAND

Date 189 9 Month 5 Day 9 Age Y 27 M. D. Native of Easton Occupation Domestic

~~Male~~ Female ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ Widower Divorced Number of children living

Husband of
Wife

Father's Name Wm. Cornish Mother's Name Mary Cornish

Cause of Death: Primary Tuberculosis 22a How long sick 8 mos

Immediate Hemmorrhage Lungs Accident, Suicide, Homicide

Reported by Dr. B. Merritt

Address Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Lucinda Irene Dennis

Certificate of Death

Died at Town: St. Michaels County: Talbot MARYLAND

Date 1899 Month: May Day: 8 | Age Y.: — M.: 4 D.: | Native of: Maryland | Occupation: —

~~Male~~ ~~White~~ ~~Married~~ Widow Divorced

Female Colored Single Widower Number of children living

Husband / Wife of

Father's Name: Thos. Dennis

Mother's Name: Emma Dennis

Cause of Death: Primary 72

Immediate: Acute Pneumonia

How long sick

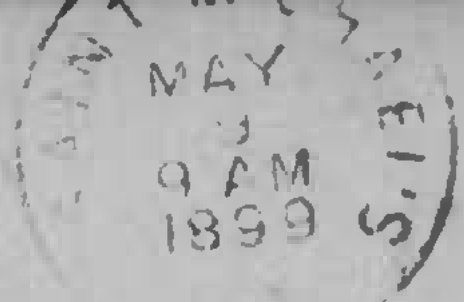
~~Accident, Suicide, Homicide~~

Reported by: R. A. Dodson

Address: St. Michaels

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



MAY
9
9 AM
1899

Dr. Thos. Connell

Easton

Talbot Co. Md.

Name in Full: Charles Dexter

Certificate of Death

Died at — Town: Trappe — County: Talbot — MARYLAND

Date 1899 — Month: May — Day: 19 — Age: Y. 14 — M. — D. 1 — Native of: Md — Occupation: School boy

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — ~~Number of children living~~

Husband of Wife

96

Father's Name: Geo. H. Dexter — Mother's Name: Annie E. Sullivan

Cause of Death — Primary: Acute Nephritis & Acute Meningitis — How long sick: 3 days

Immediate: Cardiac Asthenia — ~~Accident, Suicide, Homicide~~

Reported by: Wm. J. Seymour M.D.

Address: Trappe Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name In Full

Certificate of Death

Amanda, Esom

Died at Town: St Michaels County: Talbot MARYLAND

Date 1899 Month: 5 Day: 6

Age Y. 78 M. - D. -

Native of: St. Michaels

Occupation: Servant

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living: Three

Husband ~~Wife~~ of Sarah Esom

Father's Name: Edward Burks

Mother's Name: Julia Burk

Cause of Death — Primary: Typhoid-Fever (following Pneumonia) — How long sick: two weeks

Immediate: Debility

Accident, Suicide, ~~Homicide~~

Reported by: A. Bloodsock

Address: St Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

C. E. Willey
undertaker

Name in Full: George W. Tramptom

Certificate of Death

Died at Town: Near Trappe County: Talbot MARYLAND

Date 1899 Month: May Day: 24 | Age Y. 73 M. D. | Native of: Md. | Occupation: Farmer.

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 6.

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name: Richd. B. Tramptom

Mother's Name: Frances Townsend Tramptom

Cause of Death: Primary: Obstruction of the bowels. How long sick: 10 days.

Immediate: 87 ~~Accident, Suicide, Homicide~~

Reported by: James S. Chaplain M. D.

Address: Trappe, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full — Certificate of Death

Sophia M. Gibson

Died at Town: Oxford. County: Talbot. MARYLAND

Date 1899 Month: May Day: 21 | Age Y.: 25 M.: 3 D.: 19 | Native of: Maryland | Occupation: Domestic

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living: 1

~~Husband~~ ~~Wife~~ of Robt Gibson 25 e

Father's Name: John Reschner | Mother's Name: Barbara Reschner

Cause of Death — Primary: Cancer of Breast — How long sick: 6 months

Immediate: Stomach Trouble — ~~Accident, Suicide, Homicide~~

Reported by: F. M. Eccles M.D.

Address: Oxford Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]R

Attended by Dr. F. M. Eccle.

of Oxford Md.

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full John Henry

Certificate of Death

Died at Town Longmeadow County Talbot MARYLAND

Date 1899 Month May Day 9th Age Y. 72 M. 11 D. Native of Ireland Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living One

Husband ~~Wife~~ of Sarah Henry

Father's Name Patrk. Henry

Mother's Name Ellen Henry

Cause of Death: Primary Valvular Disease Heart — How long sick 6 mo.

Immediate Heart-clot-57

~~Accident, Suicide, Homicide~~

Reported by Julius A. Johnson M.D

Address Dearborn Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full: Maggie Leonard

Certificate of Death

Died at Town: Near Trappe County: Talbot MARYLAND

Date 1899 Month: May Day: 19 | Age Y. 46 M. D. | Native of: Md. | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~

~~Wife~~

Father's Name: Saml. K. Leonard

Mother's Name: Eugenia Smith Leonard

Cause of Death: Primary: Fever, continued 154

Immediate: Heart Trouble

How long sick: 12 days

~~Accident, Suicide, Homicide~~

Reported by: James S. Chaplain M. D.

Address: Trappe, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Rose McLenay

Died at Near Wye Mills (Town) Talbot (County) MARYLAND

Date 1899 Month 5 Day 5 | Age Y. 22 M. D. | Native of Md | Occupation Housewife

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored ~~Single~~ Widower Number of children living ____

~~Husband~~ ~~Wife~~ wife of Ennalds McLenay

Father's Name ____ Mother's Name Rose Pauls

Cause of Death: Primary Phthisis 22a | How long sick One year

Immediate Debility | Accident, Suicide, Homicide

Reported by Howard R. Hopkins

Address Wye Mills Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Thomas Lampson Certificate of Death

Died at Town Easton County Talbot - MARYLAND

Date 1899 Month May Day 4th | Age Y. 57 M. 11 D. | Native of Md | Occupation Waiter

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 2

Husband ~~Wife~~ of Rachine Lampson

Father's Name Saml. Lampson Mother's Name Adelia Lampson

Cause of Death: Primary Phthisis 22a How long sick 2 yr

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by Julius A. Johnson M.D.

Address Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full

Certificate of Death

Capt James Thomas Glover

Died at Town St Michaels County Talbot MARYLAND

Date 1899 Month May Day 21st Age Y. 81 M. 8 D. 10 | Native of St Michaels Occupation Waterman

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 5

~~Husband~~
~~Wife~~

~~Father's~~ Name

~~Mother's~~ Name

Cause of Death { Primary Nephritis & Cystitis 97 | Immediate Exhaustion from fracture

How long sick about 4 months

~~Accident~~, Suicide, ~~Homicide~~

Reported by Dr J. C. D. Davis

Address St Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

CHARLES E. WILLEY,
PHOTOGRAPHER,
St. Albans, Vt.

Name In Full

Certificate of Death

Valchen . Weldon Smith

Died at St Michaels (Town) Talbot (County) MARYLAND

Date 189[illegible] Month May Day 5th Age Y. 1 M. 11 D. 17 Native of St Michaels Occupation —

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower Divorced ~~Number of children living~~

Husband of —

Wife —

Father's Name Jas Smith Mother's Name Mary . Smith

Cause of Death — Primary: Phthisis Pulmonalis — How long sick: one year

Immediate: Debility — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by A. P. Blascock M.D.

Address St Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7280R

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Name in Full Robert Sullivan

Certificate of Death

Died at Town Easton County Talbot MARYLAND

Date 1899 Month May Day 16 Age Y. 1 M. 10 D. 12 Native of Easton Occupation Clerk

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Wm Sullivan Mother's Name Ida Kempen

Cause of Death Primary Inf. Bowels 82 How long sick 10 mos

Immediate Heart Failure & Gen. Debt ~~Accident, Suicide, Homicide~~

Reported by J. B. Merritt

Address Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Wilson Wells.

Died near Town Trappe County Talbot Co. MARYLAND

Date 1899 Month J. Day 21 Age Y. 80 M. – D. – Native of Talbot Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 3.

Husband ~~Wife~~ of Mary Ross nee Menokey –

Father's Name James Wells. Mother's Name Eliza Wells.

Cause of Death Primary Chronic Bronchitis & Oedema How long sick

Immediate Exhaustion 70 ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Joseph A Ross M D

Address Trappe Tal- [illegible] bot Co, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968